Independent Monitoring Group

A Vision for Change – the Report of the Expert Group on Mental Health Policy

Fourth Annual Report on implementation

2009

June 2010

Contents

Executive Summary

This is the first report of the Second Independent Monitoring Group (IMG) for *A Vision for Change* (AVFC) which was appointed in June 2009. This Report should be read in conjunction with the previous three annual reports.

Following extensive dialogue and information gathering, the IMG concludes that there has been little substantial progress in 2009 in the implementation of AVFC. The Group acknowledges the appointment of the Assistant National Director for Mental Health but is concerned that there is a lack of clarity around the authority of this post and on the relationship between the post and the emerging clinical management and administrative structures within the Health Service Executive (HSE). Many of the presentations to the IMG expressed frustration and confusion about the constantly changing management structures. In respect of the newly appointed Executive Clinical Directors (ECDs), there is an absence of detail on their precise role and their relationship with Clinical Directors (CDs) and the management structures of the HSE.

While acknowledging the appointment of an Assistant National Director and the ECDs, the IMG is aware that there is, at a corporate level, an absence of mental health leadership. The IMG notes that there is a lack of clarity in the interpretation of AVFC in the HSE and a lack of robust and transparent governance structures within the mental health services grounded in the principles of AVFC.

The IMG is disappointed that the revenue allocation as envisaged in AVFC was not delivered in 2009. AVFC is premised on the reallocation of existing resources and the provision of specific amounts of additional capital and revenue. In the absence of new capital and revenue resources, it is difficult to see how the HSE and Government can achieve its objective to implement AVFC in full. The IMG is concerned that the 2009 expenditure on mental health at 5.3% of total healthcare expenditure reflects a continuing decrease over the last number of years.

Service user involvement is a central principle of AVFC. It is clear that while there has been some progress there is still an inconsistent and sometimes sparse or absent involvement of service users in the planning, development and implementation of AVFC. There is a need for an overall national strategy to ensure that service user and family involvement is an integral part of mental healthcare service development.

The recovery ethos as espoused in AVFC is not adequately engrained within the HSE structures and processes. As a matter of urgency the HSE needs to develop a strategic response to ensure that the recovery ethos permeates all aspects of service delivery. There is a requirement for specific training and in-service development for all staff in recovery competencies to embed the recovery ethos in services.

In the course of its deliberations the IMG was constantly reminded that there has been little progress in establishing fully developed and staffed Community Mental Health Teams (CMHTs), both in adult services and in the specialist mental healthcare services. In the absence of developed, resourced and staffed mental health teams, it is difficult to see how the vision of a community based mental healthcare service can be implemented.

The IMG notes the lack of significant progress during 2009 in the development of appropriate specialist mental healthcare services (rehabilitation and recovery, older people, people with an intellectual disability, forensic, homeless, co-morbid severe mental health and substance abuse problems, eating disorders, liaison, neuropsychiatry, borderline personality disorder), apart from child and adolescent mental health services. These services have not received the priority and urgent attention that they require.

In respect of Government Departments, progress on implementation has been slow. In order to improve progress, the IMG recommends that the Office for Disability and Mental Health should have its remit extended to include other relevant departments and that there should be a more structured and cross-departmental approach to implementation.

The quality of the communications received from the HSE was poor leading the IMG to conclude that the HSE is unable or unwilling to provide the information required.

In its discussions with various organisations the IMG was constantly reminded of the lack of transparent, detailed, time-lined and costed plans for the implementation of AVFC. Such absence leads to a lack of accountability and transparency. As a matter of urgency, the HSE and Government Departments must devise and publish action plans which are clear and unambiguous.

In summary the IMG recognises the commitment to AVFC of the Minister for Disability and Mental Health, Mr John Moloney, T.D. However, the IMG is of the view that four years after the acceptance by Government of AVFC, there is an urgent need for Government and the HSE to renew their commitment to the full implementation of AVFC to ensure that Ireland is provided with a modern 21st century community based, person centred, mental healthcare service grounded in the principles of recovery.

Glossary of Abbreviations

ASIST	Applied Suicide Intervention Skills Training
AVFC	*A Vision for Change*
BTEI	Back to Education Initiative
CAMHS	Child and Adolescent Mental Health Services
CAWT	Co-operation and Working Together
CD	Clinical Directors
CMH	Central Mental Hospital
CMHTs	Community Mental Health Teams
CPI	College of Psychiatry of Ireland
DCU	Dublin City University
DOHC	Department of Health and Children
DES	Department of Education and Science
ECDs	Executive Clinical Directors
FMHS	Forensic Mental Health Service
GP	General Practitioner
HR	Human Resources
HRB	Health Research Board
HSE	Health Service Executive
ICGP	Irish College General Practitioners
ICT	Information Communications Technology
IMG	Independent Monitoring Group
IR	Industrial Relations
MHC	Mental Health Commission
MHRU	Mental Health Research Programme
NGO	Non-Governmental Organisation
NSUE	National Service Users Executive
PCCs	Primary Care Centres
PCTs	Primary Care Teams
RDOs	Regional Directors of Operations
SPHE	Social, Personal and Health Education
WTE	Whole Time Equivalent

Chapter 1

The work of the Independent Monitoring Group

1.1 Background

In January 2006, the Government adopted the Report of the Expert Group on Mental Health Policy *A Vision for Change* as the basis for the future development of mental health services in Ireland. In March 2006, the then Minister of State at the Department of Health and Children, Mr Tim O'Malley, T.D., with special responsibility for mental health services, in line with the recommendation in AVFC, established the First Independent Monitoring Group for a three year period to monitor progress on the implementation of the report recommendations.

The term of the First Independent Monitoring Group ceased in April 2009 and in June the Minister for Equality, Disability and Mental Health, Mr John Moloney, T.D. appointed the Second Independent Monitoring Group. The members are:

Mr John Saunders, Director, Shine (Chair)

Ms Siobhan Barron, Director, National Disability Authority

Dr Tony Bates, Founder Director, Headstrong

Mr Brendan Byrne, former Director of Nursing, Carlow

Dr Pat Devitt, Inspector of Mental Health Services

Mr Paul Gilligan, Chief Executive, St Patrick's University Hospital

Ms Dora Hennessy, Principal, Department of Health and Children

Dr John Hillery, Consultant Psychiatrist, Stewarts Hospital Services, St John of God Kildare Services & Tallaght Mental Health Services

Dr Terry Lynch, GP and Psychotherapist

Mr Tim O'Malley, Pharmacist

Mr John Redican, National Executive Officer, National Service Users Executive

Dr Margaret Webb, General Manager, Eastern Vocational Enterprises Ltd.

1.2 The Group's Terms of Reference are:

- To monitor and assess progress on the implementation of all the recommendations in AVFC;
- To make recommendations in relation to the manner in which the recommendations are implemented;
- To report to the Minister annually on progress made towards implementing the recommendations of the Report and to publish the report.

1.3 Summary of the Work of the First Independent Monitoring Group (IMG)

The first meeting of the IMG was held on 25th April 2006. It met on twenty eight occasions over its three-year term. The Group submitted three annual reports and one progress report to the Minister of State with responsibility for mental health. The Group met with the Ministers of State, the Director of the Office for Disability and Mental Health, the Chief Executive, the National Director Primary, Community and Continuing Care and Assistant National Directors and the Director of Estates in the HSE, the Mental Health Commission, the Irish Mental Health Coalition and the Board for Mental Health and Learning Disability Northern Ireland.

First Annual Report – 1st February 2006 to 31st January 2007

In preparing its first annual report, the IMG identified nine priority areas to be reported on to the Minister. The implementation template reflected these priority areas and the HSE was requested to provide a detailed report under each heading: Recovery (key recommendation on page 9 of AVFC); Partnership in Care: Service Users and Carers (Chapter 3); Community Mental Health Teams (Chapter 9); Child and Adolescent Mental Health Services (Chapter 10); Difficult to Manage Behaviours (Chapter 11: Recommendations 11.13, 11.14, 11.15); Rehabilitation Teams (Chapter 12: Recommendations 12.2, 12.3); Management and Organisation of Mental Health Services (Chapter 16); Closure of Hospitals/Sale of Lands/Re-investment in Mental Health Services (Chapters 17 and 20: Recommendations 17.6, 17.7, 20.4); Mental Health Information Systems (Chapter 19: Recommendations 19.3, 19.5, 19.6, 19.7); An overview of progress on implementation was requested in relation to the remaining recommendations of the Report.

In its Report, the Group acknowledged the commitment of the HSE to implement AVFC but found that there was little evidence of a systematic approach to implementation. It was particularly concerned that there was no implementation plan in place and expressed concern about the lack of clarity in relation to responsibility within the HSE's management structure for implementation. The full report is available at http://www.dohc.ie/publications/vision_for_change_review1.html

Second Annual Report – 1st February 2007 to 31st January 2008

For its Second Annual Report the Group developed a template for reporting progress on all the recommendations in AVFC. In its Report, while the Group was encouraged with the HSE's approval of an Implementation Plan for 2008 / 2009, the IMG was of the view that the Plan had too little detail and too many timelines that lacked ambition. The Group found that by and large the recommendations in its first report were not addressed in 2007, although some were prioritised for implementation in 2008. The IMG continued to be concerned about the absence of clear, identifiable leadership within the HSE to implement AVFC, the recommendations in AVFC were not being addressed

as a comprehensive package and the HSE's transformation process was taking precedence over the implementation of some recommendations in AVFC. The full report is available at

www.dohc.ie/publications/vision_for_change_2nd_report.html

Third Annual Report – 2008

In its Third Annual Report the IMG acknowledged the commitment and dedication of the staff of the HSE to the development of mental health services. While the IMG recognised the difficulties facing the HSE in the prevailing economic climate, the Group considered that this did not in any way diminish the HSE's responsibility to implement AVFC.

The Group acknowledged that the HSE prioritised six key areas for implementation in 2008 and 2009 and accepted that progress was made with some priorities i.e. the provision of child and adolescent services, engagement with service users and mental health information systems. However, the IMG was disappointed with the rate of progress, found that many of the recommendations made in its first two reports had not been addressed, three years into implementation a comprehensive implementation plan was not available and that the absence of a dedicated leader at senior, national level had impeded progress and may have contributed to continuing poor facilities and standards of care in some areas and an inconsistent approach to embedding the recovery ethos in services. The full report is available at www.dohc.ie/publications/vision_for_change_3rd_report.html

1.4 Work of the Second Independent Monitoring Group

Fourth Annual Report

The first meeting of the Second Independent Monitoring Group took place on Monday 22 June 2009 and met on eighteen occasions. In addition, a sub-group of the IMG met with the HSE's Assistant National Director for Mental Health on two occasions – 30 November and 22 December.

The revised template, developed by the Second IMG for reporting progress, was forwarded to the HSE and to the Department of Health and Children - for transmission to the relevant Government Departments in September 2009. The HSE was requested to provide as much specific information as possible, particularly in relation to the key deliverables identified in AVFC Implementation Plan 2009 – 2013. A summary of the responses received from the HSE and Government Departments is provided in Chapters 2 and 3.

The Group met with

- The Minister for Equality, Disability and Mental Health, Mr John Moloney, T.D. (9th September).
- A HSE delegation led by Professor Brendan Drumm, Chief Executive and included Ms Laverne McGuinness, National Director, HSE Integrated Services, Mr Martin Rogan, Assistant National Director, Mr Seamus

McNulty, Assistant National Director with national responsibility for mental health, Dr Brendan Doody, Consultant, Child and Adolescent Psychiatrist, Dr Ian Daly, Consultant, General Adult Psychiatrist, Ms Carol Ivory, Senior Manager, Office of Assistant National Director, Mental Health (9 September).

- Ms Bairbre NicAongusa, Director, Office for Disability and Mental Health (7 October).
- Mr Martin Rogan the newly appointed Assistant National Director for Mental Health (11 November and 24 February).
- Dr Tony Holohan, Chief Medical Officer, Department of Health and Children (16 December).
- Amnesty International Ireland (16 December)
- College of Psychiatry of Ireland (16 December)
- National Service Users Executive (16 December)
- Independent Mental Health Services Providers Group (8 January)
- Irish Mental Health Coalition (8 January)
- Irish College of General Practitioners (25 January)
- Mental Health Commission (24 February)

In addition, the IMG met with the members of the Expert Group on Mental Health Policy that developed AVFC to mark the Fourth Anniversary of the Report's launch and to get their views on its implementation (25 January).

1.5 Submissions from Agencies / Groups

A number of agencies and groups were invited to submit a short report on their organisation's assessment of progress on the implementation of AVFC and their views on the implementation priorities for 2010. A total of twenty submissions were received and the contributors are listed in *Appendix 1*. The submissions, with the consent of the organisations, are available at http://www.dohc.ie/publications/

Chapter 2

Progress on Implementation reported by Health Service Executive

2.1 Introduction

Responsibility for the implementation of over 80 per cent of the recommendations in AVFC lies primarily with the HSE. Implementation of the remainder of the recommendations is the responsibility of Government Departments and their agencies.

The IMG further developed the template for reporting and requested that the report on progress for the period ending December 2009 include information in relation to national spread, time-lines for completion and the learning which arose in the course of implementation with specific reference to the key deliverables identified in the HSE Implementation Plan 2009-2013. The HSE was also asked to indicate national, regional or local implementation.

An assessment of progress in 2009, as reported by HSE, is summarised below. In this regard, it should be noted that the progress reported is additional to that reported in previous annual reports of the IMG.

In this report, progress is summarised on the implementation of the 2009 key deliverables identified in the HSE's Implementation Plan 2009 – 2013 at 2.2.1 below and AVFC recommendations at national level at 2.2.2 below. Copies of all the progress reports, including national, regional and local (to the extent received) are available at http://www.dohc.ie/publications/

2.2.1 Progress reported by the Health Service Executive on implementing key deliverables for 2009 from HSE's Implementation Plan 2009 – 2013

The HSE's Implementation Plan for AVFC 2009 – 2013 identified a number of key deliverables for implementation in 2009. This is the first year that the IMG has had an opportunity to review progress reported on key deliverables. The IMG comments on progress reported in Chapter 4. The deliverables (in italics) reported on by the HSE and a summary of the progress reported is shown below.

1. Mental Health Catchment Areas / Management Structures

1.1. Merge existing Mental Health Catchment Areas to form expanded Catchment Areas with populations of between 250,000 and 400,000 (R16.1).

Thirteen expanded Mental Health Catchment Areas have been identified, although they are not yet operational.

1.2. Establish clinical directors for each catchment area in accordance with the 2008 consultant contract. The clinical director will be responsible for developing and implementing costed service plans (R16.6)

Fourteen Executive Clinical Directors (ECDs) were appointed including one for National Forensic Mental Health. One of their key roles is to develop the multidisciplinary Executive Management Team.

1.3. Establish a single integrated management structure at expanded catchment area level for all mental health services across the lifespan i.e. child and adolescent, adult and older people (R16.8).

Discussions on the senior nurse management structure within the Executive Clinical Directorate Executive Management Team have taken place with the relevant staff representative bodies. Discussions have also taken place with the allied health professional groups.

1.4. If not already in place, establish local multidisciplinary mental health management teams (R16.4).

Local mental health management teams have incorporated multidisciplinary input where such exists and following completion of the Co-operative Learning Leadership programme in DCU, service users and carers are providing expertise to the teams in seven areas.

*1.5. Develop appropriate governance and accountability arrangements for CMHTs in line with '*AVFC*' and the 2008 Consultant Contract (R16.5).*

A first priority is to establish the multidisciplinary Executive Management Teams for Mental Health (see *1.3* above) which will provide the clinical governance to CMHTs.

2. Community Mental Health Centres

2.1. In conjunction with Estates provide 20 community mental health centres as service bases for multidisciplinary community mental health teams (R17.8).

As part of the development of Primary Care Centres (PCCs), agreement has been reached to provide Community Mental Health Centres and some Day Hospitals within these developments. These are in various stages of development - Letterkenny opened Jan 2010, Kells completed.

2.2 Commence negotiations with staff and relevant representative bodies to facilitate the smooth transition into new premises.

Negotiations with staff are ongoing as premises are planned and developed.

3. Child and Adolescent Mental Health Services

3.1 Fully commission the interim in-patient beds in Cork and Dublin (R10.9) and explore options to extend in-patient capacity pending construction of a new 20 bedded unit for Dublin.

This deliverable has been fully implemented.

3.2 Continue to resource additional child and adolescent CMHTs until the recommended team: population ratio has been achieved (R10.7). This will include the provision of six additional teams in 2009.

Thirty Five additional Allied Health Professional posts were allocated in 2009 to support the development of Child and Adolescent Mental Health Teams (CAMHT). 29 of these posts are in place with the remainder in the process of recruitment.

3.3 Produce an annual report of activity within CAMHS as captured by the annual national audit

The first national annual report was published in 2009.

3.4 Pending further roll out of additional CAMHS teams, develop polices and procedures governing the transitional arrangements for children under 18 years of age with clearly identified roles and responsibilities for child and adolescent and adult mental health services (R10.2).

A guidance document has been developed which incorporates the Mental Health Commission (MHC) Code of Practice relating to the admission of children under the Mental Health Act 2001. A HSE group, established in 2009, interfaces with both Child and Adolescent Mental Health Service teams and Adult Psychiatry.

3.5 As inpatient units close, provide retraining to upskill staff and redistribute to CAMHS and other community mental health services, as appropriate.

Due to high levels of attrition within the mental health services and the Government moratorium on the recruitment of nursing staff the capacity to reconfigure posts from inpatient units to the community has been limited.

3.6 In the context of the further roll out of the Disability Act, develop polices and procedures governing the assessment of children with suspected autism spectrum disorder by child and adolescent mental health services (R10.10).

The consultation between disability and mental health services has commenced in order to progress this objective.

3.7 Continue to support and develop community-based mental health promotion projects which particularly focus on meeting the needs of young people e.g. Jigsaw, Barnardos etc.

Jigsaw is an innovative approach, developed by Headstrong in partnership with the HSE, which brings together existing community supports to meet the mental health needs of young people. The first two Jigsaw demonstration sites became operational in 2009 in Galway and Ballymun. The design and planning phases for three additional sites - Kerry, Meath and Roscommon - were also completed in 2010 (This data was provided by Headstrong).

4. National Forensic Services

4.1 Provide additional capacity within existing campus and/or new Community Rehabilitation Services to comply with the Criminal Law Insanity Act and meet with increasing demand from Prison System. (R15.1.4).

An additional 10 beds were opened in January 2009 within the Central Mental Hospital (CMH). Consultation has been undertaken with local authorities to identify suitable community residential accommodation to support the through care of people coming under the Criminal Law Insanity Act. An amendment to the Act will be enacted later in 2010.

4.2 Increase liaison and consultation with An Garda Siochána and the Prison Service Authorities, including training with the Forensic Mental Health Service (R15.1.8).

1. Very close working relations have been developed with An Garda Siochána and the Department of Justice, Equality and Law Reform in relation to progressing this objective and this work will continue.
2. Senior forensic mental health staff regularly engage with the Garda training authorities in Templemore in the design and delivery of relevant training programmes.

4.3 Further develop Prison In-Reach and Court Liaison Services (R15.1.1 and 15.2.2).

The prison inreach and court liaison service which won an award is consultant led and multidisciplinary in nature and is provided to prisons within reach of Dublin. This process is ongoing and helps to divert a significant number of patients to local psychiatric services and ensures optimum use of scarce facilities within the CMH.

4.4 Continue the planning of the new Central Mental Hospital and the four regional Intensive Care Rehabilitation Units (R15.1.4 and 11.14).

Following the Government decision not to co-locate the new national forensic service with the proposed prison in Thornton Hall, the HSE is awaiting a Government decision on a suitable site for this development. A redevelopment group has been in operation and has done considerable work on progressing a design brief for the new development.

5. Community Mental Health Teams

5.1 Reconfigure existing CMHTs in line with A Vision for Change i.e. one team per 50,000 population each with two consultant psychiatrists (R11.4).

The reconfiguration of existing CMHTs is in various stages of development or completion in the context of the expanded catchment areas and is now seen as a priority for the ECDs.

5.2 Each CMHT to agree clinical team leader and team coordinator to ensure appropriate governance, provision of best-practice integrated care, and evaluation of services provided (R11.5).

CMHTs are led by a Consultant Psychiatrist. A number of services have appointed Team Co-ordinators which are drawn from multidisciplinary backgrounds. Further expansion is dependent on Industrial Relations (IR) agreement and whole-time equivalent (WTE) availability.

5.3 As adult in-patient units close, provide retraining to upskill staff and redistribute to Community Mental Health teams as appropriate.

Due to high levels of attrition within the mental health services and the Government moratorium on the recruitment of nursing staff, the capacity to reconfigure posts from inpatient units to the community has been limited. However, where this has occurred appropriate support to staff has been provided.

5.4 Establish Rehabilitation and Recovery Teams where none currently exist through the reconfiguration of existing mental health services (R12.2).

ECDs are conducting an analysis of the existing resource base in their expanded catchments with a view to reconfiguring the available resource.

5.5 Each CMHT to establish direct links with GPs/PCTs in their area in accordance with the consultant/liaison model (R7.5, R9.3 & R10.8).

Informal links between CMHTs and emerging Primary Care Teams (PCTs) are being further developed. Supporting this process has been the development of a training programme, incorporating a team-based approach to mental health in primary care, which commenced November 2009 in partnership with Dublin City University (DCU) and the Irish College General Practitioners (ICGP).

5.6 Develop agreed protocols for the management of individuals with mental health problems in primary care and onward referral to specialist mental health services when required (R7.7 & R7.8).

The HSE funds a Project Director with the ICGP who supports the joint College of Psychiatry of Ireland (CPI) / ICGP Working Group. The Working Group is collaborating to devise appropriate protocols for referral to and from

mental health services. The Quality and Clinical Care Directorate have identified four diagnostic groupings in mental health to design clinical pathways.

5.7 Implement multidisciplinary care planning with appropriate service user and carer involvement (R11.7).

The MHC published the *Quality Framework for Mental Health Services in Ireland* in 2007. This framework sets out the standards for mental health services in Ireland. To progress the implementation of the framework, the MHC and the HSE established a National Mental Health Services Collaborative in partnership with St. Patrick's University Hospital and St. John of God Hospital. This is the first project of its kind in the Irish Mental Health Services.

There is evidence of a gap in the use of and quality of individual care and treatment plans across the Irish mental health services. This Collaborative project will focus on Standard 1.1 of the Quality Framework, the development and implementation of Individual Care and Treatment Plans to support Recovery. The attainment of this standard will also address 15 of the remaining 23 standards. The project, which will be in place for 18 months, commenced in November 2009, ends in April 2011. It is divided in three stages initiation (3 months), preparation (3 months) and implementation (12 months). Each stage has set objectives.

5.8. Identify, monitor and evaluate the level and range of psychological therapy expertise available to/provided by each CMHT (R11.8 & R11.9).

The HSE, in collaboration with the MHC and University of Limerick, has conducted an in-depth research study into the capacity and function of Adult CMHTs, which will be published in 2010. The first Annual Report on CAMHS Teams which was published in October 2009 examined team composition and services offered. Since 2006, the HSE has invested an additional €1m. and 50 WTEs in clinical psychology training, raising trainee numbers from 53 to 110.

6. Eating Disorder Services

6.1 Identify the learning from the Carlow/Kilkenny Community Integrated Eating Disorder Programme and develop an educational programme for dissemination across mental health services.

Carlow/Kilkenny Community Integrated Eating Disorder Programme (CIDEP) provides an integrated model of treatment for people who have eating disorders, their families and significant others. This out-patient treatment programme was developed over an eight year period. It was hoped to advance this model during 2009 through the expanded catchment areas, i.e. via the Clinical Directorates, but this did not prove to be feasible. While ECDs were put in place, the remaining team proved to be a challenge due to the number of staff retirements and embargo on replacements.

However, a CAWT (Co-operation and Working Together - a cross border health services partnership) initiative, *the Eating Disorders Network Programme*, which has been in development for the past few years, has now appointed a Project Manager.

CAWT secured European Union INTERREG IVA funding to deliver a community based specialist resource across the CAWT border region incorporating the Western Health and Social Care Trust, the Southern Health and Social Care Trust in Northern Ireland and Cavan/Monaghan/Louth and the Donegal/Sligo/Leitrim mental health service areas. In total, £2.5 million for the entire initiative has been received for the 3 year project.

The project will recruit a total of 12 WTE practitioners (3 WTE eating disorders practitioners for each area) to provide interventions and treatment to Tiers 1 and Tiers 2 of the 4 tiered approach to Eating Disorder care as recommended by National Institute for Clinical Excellence (2004). Together with the provision of specialist practitioners, the project will improve the quality of care pathways for people with an eating disorder, raise awareness and develop skills to improve therapeutic capacity and build carer support group capacity within communities. A cross border clinical pathways working group has been established.

The project will be evaluated on completion and it is the intention that this service model (if successful) could be mainstreamed through mental health services on the island of Ireland.

6.2 *Continue to support Voluntary Bodies in promoting awareness and responses to eating disorders (R15.4.2).*

Bodywhys is the main voluntary organisation which receives approximately €300,000 baseline funding under a service arrangement with the HSE. Additionally, in 2009, Bodywhys received once-off funding to develop their Teen Connect Programme. This was part of the National Office for Suicide Prevention allocation in relation to the Young People's Mental Health campaign.

Bodywhys provides a range of supports to the Health Promotion Departments throughout the HSE and this interface provides welcome expertise from the user perspective.

Marino Therapies, Fairview, Dublin, received a small financial allocation, €25,000, for niche work it does in providing another choice/option for people with eating disorders. This allocation was originally provided for the Eastern Region. People in other parts of the country requiring support to access treatment can make an application to their local area.

6.3 Devise and deliver Health Promotion initiatives to promote awareness of eating disorders within the community (R15.4.1).

In 2009, HSE Mental Health worked with the Health Promotion Department within the HSE to ascertain existing services in this area and their willingness to participate in devising a programme during 2010.

HSE Mental Health will engage with Bodywhys to identify, initially, the participants who have identified capacity to extend their remit in this area.

They will also engage with the interdepartmental subgroup on mental health between the HSE, Department of Health and Children (DOHC) and the Department of Education and Science (DES) which is developing a national framework to support evidence based work in suicide prevention and mental health promotion in the school setting. The DES funding is interlinked into the Social, Personal and Health Education (SPHE) curriculum. Bodywhys has linked with the SPHE support service to integrate its school based resource into the SPHE curriculum.

There are examples of the HSE Health Promotion Department engaging with Bodywhys throughout the country and producing brochures and/or training. Women's Health Development Officer, Health Promotion Department, HSE West, produced detailed brochures for Donegal which they hope to extend to Sligo/Leitrim. In Galway, bi-monthly sessions for families and friends were co-facilitated on a voluntary basis for Bodywhys. In 2010, HSE Mental Health will look at consolidating this work and liaise with Bodywhys regarding the best way forward.

6.4 Incorporate training modules on eating disorders into undergraduate and post-graduate education programmes for healthcare professionals (R 15.4.3).

This has not been progressed and it is anticipated that engagement with stakeholders to begin work on this recommendation could begin in 2010.

The IMG did not receive a progress report on the Additional Actions 2009 identified on pages 95 to 98 of the Implementation Plan 2009 – 2013.

2.2.2 Summary of progress reported by the Health Service Executive at national level

In addition to reporting on key deliverables the HSE reported on progress on the implementation of recommendations at national, regional and local level using the IMG reporting template. The VFC recommendations (in italics) reported on by the HSE at national level and a summary of the progress reported is provided below. The IMG comments on progress reported in Chapter 4. Where similar progress was reported recommendations have been grouped together. At the time of writing there are still eleven local HSE reports outstanding.

Recommendation 1.1: *The principles and values described here and underpinning this policy should be reflected in all mental health service planning and delivery.*

- The HSE capital, recruitment, training, funding and deployment commitments reflect the value system described in AVFC. This is a continuous process of improvement. The HSE is moving away from outmoded service forms and creating an equitable and sustainable base for service.

Recommendation 3.5: *A National Service User Executive should be established to inform the National Mental Health Service Directorate and the Mental Health Commission on issues relating to user involvement and participation in planning, delivering, evaluating and monitoring services including models of best practice; and to develop and implement best practice guidelines between the user and provider interface including capacity development issues*.

- The National Service Users Executive (NSUE), established in 2007, has devised an election process that will allow members to be democratically elected and represent both service users and carers. This process has been completed in the South and the elections in the West will take place in February 2010.

Recommendation 3.10: *Service user involvement should be characterised by a partnership approach which works according to the principles outlined in this chapter and which engages with a wide variety of individuals and organisations in the local community.*

- The HSE is working with the Departments of Agriculture and Food and Health and Children, ICGP, NSUE, Pobal, Local Development Companies

Recommendation 4.2: *Evidence-based programmes to tackle stigma should be put in place, based around contact, education and challenge.*

Recommendation 5.1: *Sufficient benefit has been shown from mental health promotion programmes for them to be incorporated into all levels of mental health and health services as appropriate. Programmes should particularly focus on those interventions known to enhance protective factors and decrease risk factors for developing mental health problems.*

Recommendation 5.2: *All mental health promotion programmes and initiatives should be evaluated against locally agreed targets and standards.*

- '*Young People and Mental Health A National Survey'* conducted by Millward Brown on behalf of the HSE's National Office for Suicide Prevention was published in 2009.
- The HSE's National Office for Suicide Prevention developed the *Let someone know* TV / Radio / Cinema, outdoor locations and Web-based mental health promotion campaign aimed at young people, which was launched in October 2009.

Recommendation 4.5: *Mental health services should take account of local deprivation patterns in planning and delivering mental health care.*

Recommendation 17.2: *Capital and human resources should be remodelled within re-organised catchment-based services to ensure equity and priority in service developments.*

Recommendation 17.5: *Recognition must be given to the need for extra funding for areas that exhibit social and economic disadvantage with associated high prevalence of mental ill health.*

- The HSE Resource Utilisation and Access Working Group is designing a more equitable resource allocation model to ensure even resource access across HSE regions. This working group includes clinical, managerial, service user, finance, HR and academic advisors.

Recommendation 4.8: *Mental health services should be provided in a culturally sensitive manner. Training should be made available for mental health professionals in this regard, and mental health services should be resourced to provide services to other ethnic groups, including provision for interpreters.*

- In November 2009, the HSE launched a *'National Intercultural Health Guide – Responding to the needs of diverse religious communities and cultures in health care settings'.*

Recommendation 5.3: *A framework for interdepartmental cooperation in the development of crosscutting health and social policy should be put in place. The NAPS framework is a useful example of such an initiative.*

- The HSE is represented on an interdepartmental working group comprising Departments of Health and Children and Education and Science to consider ways of improving the mental health / suicide prevention input into the SPHE programme and to recommend other programmes and approaches in the school setting. The HSE representative has completed a review of existing mental health programmes in schools and how they can best be integrated into SPHE.
- The evaluation of Zippy's Friends, the HSE / Department of Education evidenced based two year pilot programme for primary schools is due to be completed early in 2010. Depending on the outcome, the programme will be rolled out in every national school.

Recommendation 5.5: *Training and education programmes should be put in place to develop capacity and expertise at national and local levels for evidence-based prevention of mental disorders and promotion of mental health.*

- The ASIST (Applied Suicide Intervention Skills Training) programme has been evaluated on an all-island basis and the report will be available in 2010.
- A pilot project to include mental health promotion, '*Winning New Opportunities'*, is underway in HSE North West which is designed to support unemployed people looking to return to work. The programme will be evaluated by the National University of Ireland, Galway.
- A mental health awareness programme designed to train staff who work with older people is being piloted in Limerick.

Recommendation 7.2: *Further research and information on the prevalence of mental health problems in primary care and the range of interventions provided in primary care is needed to effectively plan primary care services and the interface between primary care and specialist mental health services.*

Recommendation 20.2: *The National Mental Health Service directorate, in conjunction with the HSE, should put in place advisory, facilitatory and support capacity to assist the change process.*

- The HSE fund the post of Mental Health Project Manager with the ICGP and the following initiatives have been developed.
    - in October 2009 a joint working forum was established between the ICGP and the CPI to facilitate working relationships between the colleges and support active participation of all medical staff in the development of services for persons presenting with mental health conditions;

- a pilot project using 10 General Practitioners (GPs) practices is currently underway to support people who have been diagnosed with mild to moderate depression through telephone follow-up by trained practice nursing staff on day 5, 10 and 15. An evaluation of the project is being commenced;
- a collaborative project – Power of Words - between the HSE, the ICGP and the Library Council of Ireland supports and aids people with emotional and psychological difficulties to gain insight into and treat their mental health difficulties;
- a collaborative project – Dementia Online Resource – between the ICGP, HSE and Dementia Services Information and Development Centre has been developed to address the needs of GPs for up-to-date accessible and appropriate information on dementia;
- a Youth Impact document outlines the issues young people present with in GP practices and the possible pathways that GPs can access.
- Irish Advocacy Network Peer Advocates in each acute unit offer information on treatment options.
- patient information leaflets are provided with medicines.

Recommendation 7.11: *The education and training of GPs in mental health should be reviewed. GPs should receive mental health training that is appropriate to the provision of mental health services described in this policy (i.e. community-based mental health services). Service users should be involved in the provision of education on mental health.*

Recommendation 10.1: *The need to prioritise the full range of mental health care, from primary care to specialist mental health services for children and adolescents is endorsed in this policy.*

- A training module *"Team based approaches to supporting mental health in primary care settings"* commenced in November 2009. This ten-credit, level-eight National Framework of Qualifications module aims to provide primary healthcare staff with the necessary knowledge and skills to respond to the mental health care issues that arise in primary care. The programme has twenty-seven participants from nine primary care teams.
- Resourced the CPI to provide a specific training programme of child and adolescent psychiatric training.

Recommendation 9.6: *Research should be undertaken to establish how many services currently have effective CMHTs and to identify the factors that facilitate and impede effective team functioning and the resources required to support the effective functioning of CMHTs.*

Recommendation 10.2: *Child and adolescent mental health services should provide mental health services to all aged 0-18 years. Transitional arrangements to facilitate the expansion of current service provision should be*

planned by the proposed National Mental Health Service directorate and the local CMHTs.

Recommendation 19.3: *Measures should be put in place to collect data on community-based mental health services.*

- The first Child and Adolescent Mental Health Services (CAMHS) Annual Report for 2008 was published in October 2009. It is the first comprehensive survey carried out on CAMHS teams and includes preliminary data collected by the Health Research Board (HRB) on the admission of young people under the age of 18 years to inpatient mental health facilities**.** (This is also included under key deliverables)

Recommendation 10.4: *Programmes addressing mental health promotion and primary prevention early in life should be targeted at child populations at risk.*

- The new primary care model has an expanded role at primary care level to include a psychological model.

Recommendation 11.1: *Education and promotion of positive mental health should be encouraged within the general community. These initiatives should have clearly specified goals and objectives and should be evaluated regularly.*

Recommendation 19.1: *Service users and carers should have ready access to a wide variety of information. This information should be general (e.g. on mental health services in their area) and individualised (e.g. information on their medication).*

- The HSE funds two national mental health promotion campaigns – www.yourmentalhealth which began in 2007 and www.letsomeoneknow campaign aimed at young people, launched in October 2009. Evaluations have been completed on both campaigns.
- The HSE supplement on '*Your Health Your Future Vision for Change Reshaping mental health in Ireland'* was published in the Sunday Independent on 22 March 2009.

Recommendation 15.1.5: *Prison health services should be integrated and coordinated with social work, psychology and addiction services to ensure provision of integrated and effective care. Efforts should be made to improve relationships and liaison between FMHS and other specialist community mental health services.*

- Consultant led mental health teams have been deployed into the prisons in Leinster.
- A Court liaison scheme has been developed which is designed to divert appropriate referrals towards the mental health service.
- There is regular contact between the forensic mental health services and the prison health service at both local and national level which helps to ensure a more integrated and patient centred service.

Recommendation 15.1.8: *Education and training in the principles and practices of FMH should be established and extended to appropriate staff, including An Garda Síochána.*

- Senior Clinical Staff from the National Forensic Mental Health Service engage directly with Gardai in Templemore in relation to training to deal with siege events that may involve people with a mental illness.
- Expert and experienced staff from the CMH regularly provides specialist education and training programmes to staff from within the broader mental health services.

Recommendation 16.1: *Mental Health Catchment Areas should be established with populations of between 250,000 and 400,000 with realigned catchment boundaries to take into account current social and demographic realities. These catchment areas should be coterminous with local health office areas and the new regional health areas. They should take into account the location of acute psychiatric in-patient units in general hospitals.*

- Thirteen expanded mental health catchment areas have been identified. The HSE is currently designing Integrated Service Areas which may require the mental health super catchment areas to be redrawn.
- Since June 2009, fourteen Executive Clinical Directors were appointed.

Recommendation 16.2: *Substantial upgrading of information technology systems should occur to enable the planning, implementation and evaluation of service activity.*

Recommendation 19.3: *Measures should be put in place to collect data on community-based mental health services.*

- The HSE is working with the HRB to develop the WISDOM Mental Health IT System. It is in the proof of concept stage in Donegal where over 300 staff have been trained in ICT skills and 30 service sites have been networked. The evaluation of the system will be available in June 2010.
- A new suite of performance indicators are being finalised with ECDs.

Recommendation 16.3: *A National Mental Health Service directorate should be established, which includes senior professional managers, senior clinicians and a service user. The new National Mental Health Service Directorate should act as an advisory group and be closely linked with the management of the Primary and Continuing Community Care division of the Health Service Executive.*

- An Assistant National Director for Mental Health was appointed in November 2009 and works directly to the National Director for Integrated

Recommendation 17.3: *Other agencies must take up their responsibilities in full so mental health services can use their funding for mental health responsibilities. Mental health services should not provide the broad range of services which are more appropriately provided elsewhere.*

- The HSE is participating in the development of the Department of the Environment, Heritage & Local Government's Housing Strategy for People with Disabilities. The strategy will describe the particular housing needs of individuals with severe and enduring mental ill health. It will also include a practical protocol for local collaboration between the local authority and the HSE mental health services.
- An extensive day service review has been conducted into the appropriateness of training and employment services offered to people with disabilities.
- The HSE fund many agencies in the non-governmental, community and voluntary sector which act as key agents driving social inclusion, housing, information sharing, befriending, support, advocacy and representation for people with mental illness.

Recommendation 17.4: *Approximately 1,800 additional posts are required to implement this policy. This significant non-capital investment will result in mental health receiving approximately 8.24% of current, non-capital health funding, based on 2005 figures.*

Recommendation 18.23: *In order to increase the attractiveness of mental health social work and occupational therapy posts, existing deficiencies in terms of professional and geographical isolation, lack of supervision and poor facilities should be addressed.*

- €3.85 million and 35 WTEs were allocated to mental health in 2009

Recommendation 17.6: *Resources, both capital and revenue, in the current mental health service must be retained within mental health.*

- €43 million has been committed for mental health capital projects in 2010.

Recommendation 18.1: *Education &Training should be directed towards improving services as a primary goal and must have the welfare of service users as its ultimate objective.*

Recommendation 18.22: *A significant increase in the number of funded postgraduate training places for clinical psychology is needed urgently to fill the current shortfall and meet projected manpower requirements. Additional appointments at senior grade should be established to facilitate supervised*

clinical placements for those in training. The use of the Assistant Psychologist grade as a career step should also be considered.

- Developments in education and training –
  - Clinical psychology - €1 million and 50 WTEs invested in training to fulfil multidisciplinary requirements. The numbers in training has increased from 53 to 110.
  - Psychiatric Nursing - €500,000 invested in the creation of a post graduate registered psychiatric nurse course at Dublin City University (DCU). This course was developed by An Board Altranais, Senior Nurse Managers and DCU.
  - Occupational Therapy – additional training capacity developed and supported by HSE
  - Social Work – additional training capacity developed and supported by HSE.
  - Psychiatry – the HSE is working with the Medical Council and the CPI to review all Basic Surgical / General Professional Training (BST) and Higher Specialist Training / Higher Surgical Training (HST) opportunities to improve the process and quality of training.
  - Service User and Carers – the HSE funds and supports additional training for service users and carers in peer advocacy and leadership.
  - Primary Care – staff from nine primary care teams are currently undergoing training in a specially commissioned mental health and primary care course.
  - The National Strategic and Management Group for Mental Health has been working with HSELanD (the HSE's online resource for learning and development) to devise on-line training resources for professional staff.

Recommendation 18.3: *There should be centralisation of the planning and funding of education and training for mental health professionals in new structures to be established by the HSE in close association with the National directorate of Mental Health Services. This centralised E&T authority should be constituted to represent stakeholder and service user interest and E&T bodies representing all disciplines.*

Recommendation 18.6: *A multi-profession manpower plan should be put in place, linked to projected service plans. This plan should look at the skill mix of teams and the way staff are deployed between teams and geographically, taking into account the service models recommended in this report, and should be prepared by the National Mental Health Service Directorate working closely with the Health Service Executive, the Department of Health and Children and service providers. This should include consideration of a re-allocation of resources working group to ensure equitable distribution of manpower resources across the four regions.*

Recommendation 18.9: *Future manpower requirements must be driven by service requirements rather than historical factors and should not be wedded to the perceived needs of any single discipline.*

- The National Strategic Management Group for Mental Health has one Specialist dedicated to 'Skills and Abilities' with a special focus on staff development and modern skill sets in mental health.

Recommendation 18.12: *The quality and scope of undergraduate medical education programmes should be reviewed and the recommendations of the Fottrell report to increase intake should be adopted.*

- The HSE is working with all of the Medical Training Colleges.
- Review is underway of undergraduate and post graduate needs in association with the CPI.

Recommendation 18.13: *Current steps to revise post graduate training in psychiatry should be undertaken with a view to increasing the number of graduates in this speciality and equipping them with the range of skills required within the proposed restructured mental health service.*

- The 2010 intake to Post Graduate Psychiatry Training is being managed by the CPI which will bring a more integrated approach to training.

Recommendation 18.19: *There is no official requirement to involve service users and carers in the education and training of psychiatric nurses. It is recommended that service users and carers should be consulted and involved in the development of educational programmes.*

Recommendation 18.25: *Advocacy training programmes should be encouraged and appropriately financed.*

Recommendation 18.28: *The establishment of structured, accredited training courses and other measures to support and encourage volunteering in the mental health service should be considered within the broad context of education and training.*

- A number of Professional Training Courses now actively include skilled service users on their courses and the HSE fund the Expert by Experience post in DCU.
- Many non-governmental organisations, funded by the HSE, offer skills training to volunteers in the mental health area.

Recommendation 18.21: *A mental health training module should be mandatory and standardised in social work training to ensure all staff especially those without practice experience have a basic understanding of mental health issues and mental health services.*

- The National Strategic Management Group for Mental Health has engaged with principal social workers in mental health with a view to providing enhanced training programmes.

Recommendation 19.5: *A national mental health minimum data set should be prepared, in consultation with relevant stakeholders.*

- The HSE is on a working group with the Department of Health and Children, MHC and HRB to agree minimum data set requirements.

Recommendation 19.12: *People with experience of mental health difficulties should be involved at every stage of the research process including the development of research agendas, commissioning, overseeing, conducting and evaluating research as well as supporting the use of the emerging evidence base in policy and practice.*

- The HSE support service user research by NGOs, NSUE, Irish Advocacy Network, SHINE, GROW and AWARE and the Collaborative Leadership Training Programme.

The IMG comments on these progress reports in Chapter 4.

Chapter 3

Progress on Implementation Reported by Government Departments

Implementation of 20% of the Recommendations in AVFC is the responsibility of Government Departments and their agencies. The Government Departments are: -

Department of Health and Children

Department of Education and Skills (previously Education and Science)

Department of Enterprise, Trade and Innovation (previously Enterprise, Trade and Employment)

Department of Justice and Law Reform (previously Justice, Equality and Law Reform)

Department of Social Protection (previously Social and Family Affairs)

Department of Environment, Heritage and Local Government

Department of Community, Equality and Gaeltacht Affairs (previously Community, Rural and Gaeltacht Affairs)

As indicated in Chapter, 2 the IMG further developed the template for reporting and requested that the report on progress for the period ending December 2009 include information in relation to national spread, time lines for completion and the learning which arose in the course of implementation. The template was forwarded to the Department of Health and Children for transmission to the relevant Government Departments.

The AVFC recommendations (in italics) reported on by Government Departments is summarised below. The IMG comments on progress reported in Chapter 4. Where similar progress was reported recommendations have been grouped together. In this regard, it should be noted that the progress reported is additional to that reported in previous annual reports by the IMG. Copies of full progress reports are available at http://www/dohc.ie/publications

Department of Health and Children

Recommendation 5.3: *A framework for interdepartmental cooperation in the development of crosscutting health and social policy should be put in place. The NAPS framework is a useful example of such an initiative.*

- The Office for Disability and Mental Health, established in January 2008, with a remit across four Government Departments - Health and Children, Enterprise,

Trade and Employment, Education and Science and Justice, Equality and Law Reform - continued to bring a new impetus to the implementation of AVFC and work in partnership with the HSE and other stakeholders, including other Government Departments, to drive its implementation. The Office provides for greater cohesion across the public service and brings together responsibility for a range of different policy areas and State services.

- A senior management team comprising Ms Bairbre NicAongusa, Director, Office for Disability and Mental Health and the Principal Officers from the Department of Health and Children and other relevant Government Departments meet on a monthly basis. The Director of the Office is also a member of the Senior Officials Group on Social Inclusion, which monitors progress on the Government's commitments in relation to social policy. Meetings are held on a quarterly basis between the Minister for Equality, Disability and Mental Health, the four Secretaries General of the relevant Departments and the Director of the Office to review progress in the priority areas.
- Bilateral meetings with officials from other Government Departments regarding AVFC take place.
- A Cross-Sectoral Team for the Health and Justice sector was established in 2009. Its overall objective is to bring about improvements in services for people with mental health difficulties that come into contact with the criminal justice system. The Cross Sectoral team will, inter alia, enhance communication and co-operation between the health and justice sectors in relation to services for people with mental health difficulties. It will also progress implementation of the recommendations of AVFC that relate to the justice system.
- The Office for Disability and Mental Health is also participating in the development by the Department of the Environment, Heritage & Local Government of a Housing Strategy for People with Disabilities which will have a particular emphasis on the housing needs of people with mental health difficulties.
- A Cross Sectoral Team comprising the Department of Enterprise, Trade and Employment, Health and Children, Social and Family Affairs, FÁS and the HSE has been established to develop a cross sectoral approach between Departments and agencies with responsibility for the delivery of the mainstreaming agenda in respect of the employment of people with disabilities including people with mental health difficulties.
- The Departments of Health and Children and Agriculture, Fisheries and Food and the HSE are working together to develop a protocol for addressing mental health issues that arise among the farming community.
- A Report on the outcome of consultation with Teenagers on mental health *"What helps and what Hurts"* conducted by the Office of the Minister for Children and Youth Affairs was published in June 2009.

Recommendation 17.1: *Substantial extra funding is required to finance this policy. A programme of capital and non-capital investment in mental health services as recommended, adjusted in line with inflation, should be implemented in a phased way over the next seven to ten years, in parallel with the reorganisation of mental health services.*

Recommendation 17.4: *Approximately 1,800 additional posts are required to implement this policy. This significant non-capital investment will result in mental health receiving approximately 8.24% of current, non-capital health funding, based on 2005 figures.*

Recommendation 17.9: *The comprehensive and extensive nature of the reorganisation and financing of mental health services recommended in this policy can only be implemented in a complete and phased way over a period of seven to ten years.*

- Funding of €2.8million was provided in 2009 for 35 additional therapy posts for child and adolescent mental health services.
- The Employment Control Framework for the HSE exempts certain frontline grades in the health sector from the moratorium including consultants, speech and language therapists, occupational therapists, clinical psychologists, behaviour therapists, counsellors and social workers. Posts in these key grades which become vacant may be filled and a limited number of new posts created within the overall numbers ceiling and moratorium policy.
- €25m was provided to the HSE through the Supplementary Estimate for 2009 from the proceeds of the sales of mental health assets lodged to the Exchequer in previous years. Projects funded included, a day centre in Clonmel and two twenty-bed child and adolescent in-patient units in Cork and Galway, which are currently under construction. The provision of community mental health facilities in a number of PCCs is being advanced.
- Budget 2010 provided for a multi-annual programme of capital investment in high priority mental health projects consistent with AVFC to be funded from future disposals. In 2010, the HSE may proceed to dispose of surplus assets and reinvest an initial sum of €50m in the mental health capital programme. Provision for continued funding of the programme will be made in the 2011 Estimates and subsequent years, in the light of the previous year's programme of asset sales.

Recommendation 19.9: *The recommendations of the Health Research Strategy should be fully implemented as the first step in creating a health research infrastructure in mental health services.*

Recommendation 19.10: *A national mental health services research strategy should be prepared.*

Recommendation 19.11: *Dedicated funding should be provided by the Government for mental health service research.*

- Financial support was provided to the HRB to develop (in conjunction with the HSE) *Wisdom* - an information system which records mental health activity in both community and inpatient settings. *Wisdom* is a web-based system, accessible via the HSE network, which will be used by professionals in the mental health services to record, store and share information. *Wisdom* will create a comprehensive, detailed record of service users within the mental health services structure. This will improve service efficiency and potentially improve safety by making service user information readily available to all mental health staff wherever the individual presents, whether this is at the local emergency

- The HRB Mental Health Research Programme 2007-2011, developed with stakeholder input, provides for a range of research which will inform policy and planning. The research programme covers 3 main areas – mental health services research, mental health epidemiology, psychosocial and environmental aspects of mental health and illness. Research published in 2009 included 20 journal articles and reports and 5 journal articles submitted to peer-reviewed journals. These papers and reports provide valuable information for health services policy and planning.
- The second HRB National Psychological Wellbeing and Distress Survey (NPWDS) was completed in 2009 (Tedstone Doherty & Moran, 2009). This survey provides information on mental health problems in the population, on associated health service use and associated social and physical limitations. In the absence of a national morbidity study, the HRB NPWDS provides important information at the population level. It also provides basic information on the use of general practitioners for mental health problems. Findings show that the general practitioner followed by family and friends are the most likely source of support for psychological distress.

Recommendation 19.12: *People with experience of mental health difficulties should be involved at every stage of the research process including the development of research agendas, commissioning, overseeing, conducting and evaluating research as well as supporting the use of the emerging evidence base in policy and practice.*

- The HRB Mental Health Research Programme (MHRU), funded by the DOHC, was developed with stakeholder input which included input from a number of user groups. The research carried out by the MHRU is informed by user group input in different ways depending on the nature of the study. Examples of Service User involvement include:
    - Service user participation in the development and governance structures for the WISDOM information system;
    - the appointment of an Expert by Experience to a research and lecturer position in Dublin City University;
    - involving people with experience of mental health difficulties in its *Family Support Study, Happy Living Here*.
    - the outputs from MHRU research are published in the MHRU Newsletter *LINK* , available on the HRB website and posted to relevant stakeholders, academia, national and international journals. Researchers from MHRU have provided input to relevant conferences, national working groups etc.

- The NSUE undertook a survey of its members to get their views on their daily experience of mental health service provision. The overall national result was encouraging with the satisfaction level very high for some local service areas. The priorities identified for change are: less medication, being listened to, being seen by the same doctor, more counselling services, choice of treatment, staff attitudes. The results of the survey will allow the NSUE to evaluate and monitor services, establish a baseline for future review and appraisal, and to discover and encourage models of best practice.

Recommendation 20.5: *An independent monitoring group should be appointed by the Minister for Health and Children to oversee the implementation of this mental health policy.*

- On 11th June 2009, Minister for Equality, Disability and Mental Health, Mr John Moloney, T.D. appointed the Second Independent Monitoring Group to monitor progress on implementation.

Department of Education and Science

Recommendation 3.4: *The adult education system should offer appropriate and supported access to information, courses, and qualifications to service users, carers and their representatives that would help to enhance and empower people to represent themselves and others.*

- The Adult Education Guidance Initiative is now available nationwide and provides advice and guidance to potential learners and existing learners in adult and community education, in Vocational Training Opportunities Scheme and in the Back to Education Initiative (BTEI). The aim is to empower learners to make appropriate decisions.
- Since the launch of the Higher Education Authority's www.studentfinance.ie, which provides a full range of student supports, in January 2008, the website has received in excess of 525,000 site visits and 4.2 million page views. In 2009, www.studentfinance.ie won Ireland's eGovernment Award for Education. The award recognises an organisation's effectiveness in harnessing information technology to deliver better services, information and efficiencies to its target audience.

Recommendation 4.1*: All citizens should be treated equally. Access to employment, housing and education for individuals with mental health problems should be on the same basis as every other citizen.*

- Dormant Account funding of €2.4 million was secured by the Department of Education and Science and the Higher Education Authority for access based initiatives in the Institutes of Technology which includes supports for students with disabilities. Fifty-six projects have been approved for funding in the Institute of Technology sector.

- Supports for students with mental health difficulties are supplemented through the ESF –aided Fund for Students with Disabilities. In the 2008–2009 academic year, some €11.4 million was approved for 3,843 students. With regard to students with a mental health difficulty, 109 students were approved funding.

Recommendation 4.3: *The flexible provision of educational programmes should be used to encourage young people to remain engaged with the education system and to address the educational needs of adults with mental health problems.*

Recommendation 10.6: *Provision of programmes for adolescents who leave school prematurely should be the responsibility of the Department of Education and Science.*

- 221 schools/centres offer the Junior Certificate School Programme which is aimed at students who are potentially early school leavers. The Leaving Certificate Applied, which is aimed at preparing students for adult and working life is offered in 380 schools / centres and is taken by around 6% of students each year.
- The Supported Flexible Learning Project, funded under the Strategic Innovation Fund, aims to establish mainstream flexible learning at the Institutes of Technology to meet learner and workforce development needs. Under this project a new flexible learning portal, www.Bluebrick.ie was launched in September 2009 which allows a prospective learner search for and compare flexible learning courses in all the Institutes of Technology and also allows them to apply for courses online.
- Youthreach, an integrated programme of education, training and work experience aimed at young people aged between 15 and 20 who have left school early, has almost 6,000 places available nationwide.
- The BTEI provides flexible, part-time options across further education and an opportunity to combine a return to learning with family, work and other responsibilities. The major focus of the initiative is to target hard to reach/socially excluded groups, including people who have mental health problems.

Recommendation 10.4: *Programmes addressing mental health promotion and primary prevention early in life should be targeted at child populations at risk.*

- All second-level schools provide guidance and counselling service for their students at critical stages in their education or at times of personal crisis. Schools also use *Mental Health Matters,* a resource pack on mental health for 14 to 18 year olds developed by Mental Health Ireland on an optional basis as a module in the Transition Year Programme, an element of the Leaving Certificate Applied Programme, a component of the SPHE programme or an element of other subjects such as Religion or Home Economics.

Recommendation 10.5: *For those children in school settings it is recommended that the SPHE be extended to include the senior cycle and that evidence-based mental health promotion programmes be implemented in primary and secondary schools.*

- A programme in SPHE for senior cycle is currently being developed by the National Council for Curriculum and Assessment. The Council consulted widely

on a draft curriculum framework and there has been general acceptance that it should cover such areas as mental health, gender studies, substance use, relationships and sexuality education, and physical activity and nutrition.

Recommendation 11.2: *A Health Promoting College Network should be developed and implemented.*

- Higher education institutions provide health services as part of their student support services. Student support services help individual students maximise their higher education experience and realise their academic potential. Many University counselling services also run workshops focused on mental health issues such as stress management, resilience and coping skills.

Department of Enterprise, Trade and Employment

Recommendation 12.7: *The development of formal coordination structures between health services and employment agencies should be a priority if the delivery of seamless services is to be facilitated.*

- The Memorandum of Understanding, in place between FÁS and the Department of Social and Family Affairs, was updated in 2009 to reflect the changing labour market environment and commitments under Towards 2016. It will be further updated in 2010.
- A cross sectoral group comprising the Departments of Enterprise, Trade and Employment, Health and Children, Social and Family Affairs, FÁS. HSE has been established to develop a cross sectoral approach between Departments and agencies with responsibility for the delivery of the mainstreaming agenda in respect of the employment of people with disabilities including people with mental health difficulties.

Recommendation 12.8: *To facilitate the service user in re-establishing meaningful employment, development of accessible mainstream training support services and coordination between the rehabilitation services and training and vocational agencies is required.*

- In order to address the transition for people with disabilities from HSE Rehabilitative Training to FÁS Vocational Training, both agencies are scheduling three test bridging programmes between the two programmes.
- A protocol for FÁS mainline vocational training provision for people with mental health difficulties has been developed.

Department of Justice, Equality and Law Reform

Recommendation 15.1.2: *FMHS should be expanded and reconfigured so as to provide court diversion services and legislation should be devised to allow this to take place.*

- The Court Liaison Service is a multidisciplinary psychiatric service established as a Courts Diversion Service to assist District Courts in identifying defendants with severe mental illness and provides practical solutions to accessing appropriate mental health care in the community. The service is based in Cloverhill remand prison and consists of one consultant psychiatrist/team leader, two junior doctors/ registrars and three psychiatric nurses. The team can also arrange access to treatment with local psychiatric services for those needing treatment in other settings. The team also accepts referrals from other disciplines within the justice system including other prison based medical professionals and the probation service.
- The issue of providing a statutory basis for the Court Diversion Scheme is being considered in the context of amendments to the Criminal Law (Insanity) Act 2006 which deals with the issue of persons who are unfit to be tried on criminal charges.

Recommendation 15.1.8: *Education and training in the principles and practices of FMH should be established and extended to appropriate staff, including An Garda Síochána.*

Recommendation 15.1.9: *A senior garda should be identified and trained in each Garda division to act as resource and liaison mental health officer.*

- In 2009 the Department, in conjunction with Staff Training and Development unit, provided training on mental health/dual diagnosis/personality disorders and self harm. It is hoped that there will be further such training events in 2010.
- During induction training in Irish Prison Service, all nurses are trained in the principles of forensic mental health. As part of the induction training programme, nurses spend one day in the CMH facility to enhance their awareness of the forensic mental health services. Suicide awareness is also a key component of the induction training programme.
- Practical cooperation is ongoing between the Garda Síochána and the HSE at local level. Issues concerning the Garda Síochána in the operation of the Mental Health Act 2001 and the Criminal Law (Insanity) Act 2006 are being progressed through the Cross Sectoral Team for the Health and Justice Sector which had its first meeting in June 2009. A document was collated for the Cross Sectoral Team following an examination with Garda Chief Superintendents in regard to the issues encountered in the respective Garda Divisions. The 3rd meeting of the Cross Sectoral Team in November 2009 focussed specifically on Garda issues.
- In September 2009, the Garda Commissioner and the MHC published the Report of the Joint Working Group on Mental Health Services and the Police 2009. The working group was established to review best practice models of cooperation between the police and mental health services with a view to making recommendations for enhanced liaison and joint working systems between An Garda Síochána and the mental health services in Ireland. The Working Group made seven recommendations. The Garda Commissioner has already progressed recommendation no.4 relating to training which builds on the work already done towards implementing recommendation 15.1.8 of AVFC.

Department of Social and Family Affairs

Recommendation 3.2*: Advocacy should be available as a right to all service users in all mental health services in all parts of the country.*

- A total of 46 projects are currently funded to deliver representative advocacy services to people with disabilities. The overall focus of the programme is on representative advocacy for people with a disability. Projects either operate within a specific geographic area or are focused on a particular disability type.
- The Citizens Information Board is monitoring the Community & Voluntary Sector Advocacy Programme to ensure that the projects are operating in accordance with the Board's advocacy guidelines and a full evaluation will be completed in 2010.
- A review of advocacy in Citizen's Information Services commenced in 2009 and will be completed in 2010.

Recommendation 4.4: *Measures to protect the income of individuals with mental health problems should be put in place. Health care access schemes should also be reviewed for this group*

- Social welfare rates are guided by the commitments in the National Action Plan for Social Inclusion 2007-2016: *Building an Inclusive Society (NAPinclusion)* and the *Social Partnership Agreement Towards 2016*.

Department of Environment, Heritage and Local Government

Recommendation 4.1*: All citizens should be treated equally. Access to employment, housing and education for individuals with mental health problems should be on the same basis as every other citizen.*

- The Department continues to support a vibrant voluntary and co-operative housing sector through the Capital Assistance Scheme with funding increasing by over 30% in 2010 to €145m.
- The reform of the housing allocation policy is part of a suite of reforms aimed at improving service and ensuring that social housing is delivered in a way that is fair and efficient. The modernisation and reform of the allocation practices of local authorities also aims to provide a better fit between needs and resources and to respond, as far as possible, to the expressed preferences of individual households. Following discussions with various stakeholders in the housing area, including the Housing Forum, a new allocation policy has now been developed.

  The legislative framework for the new needs assessment and allocation policies system has been provided for in the Housing (Miscellaneous Provisions) Act, 2009 and work is underway on the preparation of regulations and guidelines for housing authorities which must be finalised prior to implementation. The intention is to commence relevant sections, which cover assessment and allocation issues, as soon as possible in 2010 - when the detailed regulation and guidance for housing authorities has been finalised. Work is currently underway on this in

consultation with the County and City Managers Association. The implementation of the new needs assessment and allocation policy is happening at national level (though ultimate implementation will be undertaken by housing authorities in due course).

Recommendation 4.7: *The provision of social housing is the responsibility of the Local Authority. Mental health services should work in liaison with Local Authorities to ensure housing is provided for people with mental health problems who require it.*

- The Department is developing a national housing strategy for people with a disability, which will have a particular regard to people who experience mental health disability. The strategy, which is due to be finalised by April 2010, is being progressed by a National Advisory Group, under the aegis of the Housing Forum, headed by this Department and involving the Department of Health and Children, the Health Services Executive, social partners and other relevant stakeholders, including the National Disability Authority.

  A sub-group of the National Advisory Group was established to examine the specific housing needs of people with a mental health disability. The work of the sub-group also included the development of a protocol governing liaison between housing authorities and the HSE (CMHTs) in relation to the housing needs of people with a mental health disability. It is expected that the protocol will be implemented by mid 2010.

- Work is almost finalised on the development of a protocol to govern liaison arrangements between the housing authorities and the HSE in relation to the provision of revenue funding, by the HSE, for ongoing operational/supports costs for social housing projects provided by approved housing bodies for people with a disability. This protocol will facilitate better co-ordination of funding and is expected to be implemented during quarter 1 2010. In addition, a protocol in relation to assessment of the nature and extent of local housing needs of people with a disability, including those with a mental health difficulty, is being developed.

- Following the publication of the *VFM and Policy Review of the efficiency and effectiveness of long stay residential care for adults within the Mental Health Services,* discussions are ongoing between the Department and the Office for Disability and Mental Health in relation to the more appropriate accommodation of people with a mental health disability.

Recommendation 4.9: *Community and personal development initiatives which impact positively on mental health status should be supported e.g. housing improvement schemes, local environment planning and the provision of local facilities. This helps build social capital in the community.*

- Under the Sustainable Communities Fund, established in 2007, funding was approved for some 50 multi-annual projects encompassing areas such as equality, diversity and special needs initiatives, as well as initiatives in the areas of supported housing, tenancy sustainment and case management projects for people who face multiple challenges. Total payments to date amount to €5,132,830, peaking in 2009 with payments of €3,039,454.

Recommendation 15.2.1: *A data base should be established to refine the dimension and characteristics of homelessness and analyse how services are currently dealing with it.*

Recommendation 15.2.2: *In the light of this information, scientifically acquired and analysed, make recommendations as to requirements and implement them.*

- Under the Housing Act 1988, housing authorities are responsible for making periodic assessments of the number of households in their administrative area that are in need of social housing support. Triennial assessments of housing need have been carried out by housing authorities since 1991. As part of that assessment, housing authorities categorise households according to the nature of their housing need, including those household that are homeless. In 2009, 427 households who were in temporary accommodation obtained permanent accommodation. This is a minimum number as this figure relates to Dublin, Cork, Galway, Limerick and Waterford City Councils only.

Recommendation 15.2.3: *The Action Plan on homelessness should be fully implemented and the statutory responsibility of housing authorities in this area should be reinforced.*

- A detailed Implementation Plan for the National Homeless Strategy was published in April 2009 which sets out more specific timelines and assigns lead roles for the various national actions. The local actions are generally a matter for local homeless action plans and relevant bodies at local level. The strategy committed to putting local homeless action plans on a statutory basis and provision for this in the Housing (Miscellaneous Provisions) Act, 2009 commenced on 1 February 2010 and arrangements to establish statutory Homelessness Fora are proceeding.
- In 2009, the Homeless Agency, the partnership body responsible for the management and coordination of services to people who are homeless in the Dublin area, produced the *Pathway to Home* model which is based on a comprehensive review of homeless services and a review of expenditure to ensure that value for money is achieved. It emphasises the changes needed to make homeless services as effective as possible and to help people move away from homelessness.

  By the end of 2009 provision had been made in Dublin for the accommodation of over 800 homeless households, in terms of social housing lettings made and other accommodation sourced or long term tenancies agreed in homeless facilities that are being converted to independent self-contained units. Arrangements to finalise these are proceeding.

Recommendation 15.2.4: *A range of suitable, affordable housing options should be available to prevent the mentally ill becoming homeless.*

- A new scheme *Support to Live Independently* was announced in July 2009 to help people progress from homelessness to independent living in mainstream housing. This scheme forms an important element of action to end long-term homelessness

Department of Community, Rural and Gaeltacht Affairs

Recommendation 4.9: *Community and personal development initiatives which impact positively on mental health status should be supported e.g. housing improvement schemes, local environment planning and the provision of local facilities. This helps build social capital in the community.*

- The Department has responsibility for a range of policies and programmes in respect of community and rural development. The programmes are designed to target the disadvantaged and to promote equality and social and economic inclusion.
  - The Local Development Social Inclusion Programme, which is designed to counter disadvantage and to promote equality and social and economic inclusion, supported 53 local development companies in 2009 with a budget of €51 million.
  - The Community Development Programme, which supports locally based groups involved in anti-poverty and social inclusion initiatives, supported in the region of 180 projects/groups and organisations in 2009 at a cost of €21 million.
  - The Programme for the improvement of health services in Clár areas is co-funded by the HSE – every €1 from Clár, €2 from HSE. To date, €0.8m has been spent of the envisaged €3.3m Clár contribution.

The IMG comments on these progress reports in Chapter 4.

Chapter 4

Conclusions and Recommendations

4.1.1 Conclusions - Health Service Executive

Introduction

Overall, the conclusion of the IMG is that there has been little substantial progress in 2009 in the progressive implementation of AVFC. In its initial discussions with the HSE, the IMG set out to establish a meaningful working relationship in order to have clarity of communication around the monitoring and reporting of progress. In December 2009, the HSE gave a commitment that in reporting the 2010 activities, an electronic information system would be put in place that will be accessible to both local and regional HSE personnel allowing for real-time updating of progress.

In conversations and discussions with the HSE, the IMG was concerned at the use of the term 'vision equivalents'. This appears to relate to developing a particular aspect of service which is similar but not quite in line with AVFC. AVFC sets out a clear policy for full implementation of a modernised mental healthcare service and while it remains Government policy there is no room for the use of 'vision equivalents'.

Communication and Information

Generally in the written documents received from the HSE at local, regional and national level, there was a lack of focus on reporting on the specific recommendation and a lack of detail around specific issues. For example, the IMG is still not in a position to report accurately on the number of CMHTs that exist in the HSE structure, or provide information on the number of vacant posts within teams. The language used by the HSE is frequently unclear, vague, complex and imprecise. It is, therefore, very difficult to ascertain the precise progress to date.

Despite mutually agreed deadlines with the HSE, the IMG is still waiting for eleven local HSE reports. In addition, many of the 2009 additional actions identified in the HSE Implementation Plan were not reported on at national level. The HSE does not appear to have the mechanisms in place to capture data at national level.

The IMG noted examples of good practice and innovation in local statutory services and voluntary groups in various parts of the country. Unfortunately, the IMG learned about many of these in serendipitous ways that suggest that these activities are not generally known about even at a central level in the HSE. The learning from these initiatives should be disseminated across the HSE. For example, the Group recognises the innovativeness of the Jigsaw project but was disheartened that this development was not reported on in detail in the HSE reports. Instead, the IMG had to rely on a direct report from Headstrong.

The only conclusion based on experience of the IMG is that the HSE is either unable to provide the accurate and timely information required or is unwilling to do so.

Management Structures

The IMG welcomes the appointment of the Assistant National Director for Mental Health as the development of a directorate to oversee the specific implementation of AVFC was strongly recommended within AVFC. However, the IMG is concerned that the Assistant National Director is one of a number of programme posts appointed across the HSE; there is no evidence to suggest that there is a fully resourced directorate as recommended in AVFC. It is also noted that the Assistant National Director retains responsibilities from his previous post. In addition, clarity is required on the relationship between the Assistant National Director post and the present operational management structures of the HSE.

The post of ECD is critical in the reshaping of mental health services yet there is no information on their specific role in relation to clinical leadership in their own areas. It is difficult to identify the relationship between the ECDs and the management structure in catchment areas. Moreover, the relationships between ECDs and CDs and ECDs and Regional Directors of Operations (RDOs) are unclear. The role of the ECD appears to have no legal status and has been transmuted from the generic role description as contained in the most recent consultant's contract. There appears to be no specific job description for the post of ECD.

The formation of catchment areas is in line with AVFC but there is no progress beyond the identification of thirteen areas. Furthermore, there is a growing uncertainty that these plans will be implemented. Instead, the HSE is currently designing Integrated Service Areas and as a result the mental health expanded catchment areas may need to be redrawn with the number of ECDs increasing to nineteen.

The management structures within the HSE change frequently. This does not allow the structures time to become embedded and is hindering implementation of AVFC.

Leadership

The lack of effective leadership within the HSE in the implementation of AVFC was a recurring theme in previous IMG annual reports, it also applies in 2009.

Whilst the IMG acknowledges the role and function of the Assistant National Director for Mental Health, it must be emphasised that leadership of the mental health service is the responsibility of all stakeholders and service providers. Leadership needs to permeate all levels of service including national, regional and local. Leadership must be supported by the HSE organisation.

The confused interpretation of AVFC in the HSE and the lack of a robust and transparent governance structure for mental health services is undermining the potential of the post of Assistant National Director and the ECDs and their capacity to lead the cohesive implementation of the shared vision enshrined in AVFC.

The role of ECDs, the governance of CMHTs and expanded mental health catchment areas is unclear. It is also unclear who is responsible for developing governance for the mental health service. There is uncertainty around the precise number of mental health catchment areas that will be developed. The IMG requested a meeting with the RDOs but this has not yet taken place.

Leaders build their organisations around exemplary performers. Many mental health professionals from multidisciplinary sources have provided exemplary leadership over the years and these individuals made a major contribution in transforming mainly custodial and oppressive mental health systems into successful and responsive systems of care that are recovery orientated and service-user centered. As the service haemorrhages these leaders, their experience and knowledge will be lost to the mental health services and this presents a serious barrier in effecting change. The impact of the current moratorium on leadership in the mental health services must also be acknowledged and addressed.

Revenue Funding

Development funding totalling €51.2m was allocated to the HSE in 2006 and 2007 and a further €2.8million was provided in 2009 for 35 additional therapy posts for child and adolescent mental health services. The HSE has reported that of the €51.2 million allocated, 94% was in place by end of 2009.

The HSE in partnership with the Department of Health & Children and Genio created a special €1.5m fund for innovative mental health projects which are person centred. Applications for grants have been invited through a national advertising campaign.

The IMG is aware that in the present economic climate public expenditure is finite and overall numbers employed in the pubic service are required to be reduced. The HSE has not, however, indicated how it will adapt to the changed circumstances. Many recommendations in AVFC do not require additional resources to implement. It is acknowledged that in the current economic climate the mental health service must operate within budget and within the employment framework. However, there is concern that expenditure and staffing within the mental health services is reducing at a rate disproportionate to overall expenditure and numbers employed. Within the HSE there is no strategic approach to respond to the changed circumstances i.e. on what can be achieved and progressed within the parameters of employment policy and the funding available for mental health.

As already indicated, spending on mental healthcare as a percentage of overall healthcare expenditure continues to fall. AVFC proposes that the percentage of mental healthcare spending, as a percentage over all healthcare spending, should be in the region 8.5%. The HSE National Service Plan 2010 indicated that 2009 expenditure was 5.3% of total healthcare expenditure. This continuing decrease in expenditure is of concern to the IMG.

Also of concern are the expenditure figures on mental health published in the 2010 Revised Estimates for Public Services (outturn for 2009 was €1.006 million) which are seriously out of line with the 2009 expenditure reported by the HSE (€0.787 million), even allowing for public service pay reductions and the moratorium on recruitment.

Capital expenditure

HSE expenditure in 2009 on mental health capital projects was €28.4 million.

The IMG notes that €25m of the proceeds of the sales of psychiatric lands was returned to the HSE through the Supplementary Estimate for 2009, and funded projects such as the new child and adolescent units in Cork and Galway, a community nursing unit in Ballinasloe and a day centre in Clonmel.

The IMG welcomes the multi-annual programme of capital investment which was announced in December 2009 as part of the budget. The programme will provide high priority mental health projects across the spectrum of mental health facilities and will be funded from future disposals. In 2010, the HSE may dispose of surplus assets and reinvest an initial sum of €50m in the mental health capital programme. Provision for continued funding of the programme will be made in the 2011 estimates and subsequent years, in the light of the previous year's programme of asset sales. The IMG will consider this in more detail in its next report.

Moratorium on recruitment

From the returns from the HSE, it is clear that the 2007 HSE imposed embargo and the subsequent Government moratorium on recruitment for posts vacated had a significant impact on the implementation of AVFC. As mentioned earlier, it is still difficult to ascertain the precise number of vacant posts on CMHTs. Additionally, the implementation, by the HSE, of the embargo on the filling of all posts vacated has meant that the Assistant National Director for Mental Health had little scope to reshape the mental healthcare services. The HSE reported that over seven hundred staff left the mental healthcare services in 2009. The IMG ascertained that sixty-five staff were replaced. This is unsustainable and greatly compromises existing services and strategic objectives. Recognising that embargos and moratoria by their nature are "blunt instruments", the Assistant National Director for Mental Health must engage strategically within the HSE to ensure that staff recruitment policy reflects the service needs and not historical patterns of provision.

Service User Involvement

There is some reference in the HSE returns to the role of service users in the planning, development and implementation of AVFC, however, the IMG is concerned that there is no overall national strategy to ensure that service user involvement and involvement of the family is an integral part of the planning and development of mental healthcare services.

The lack of a strategic approach has led to piecemeal developments in this area, often solely reliant on the leadership of committed individuals, from both service users/family representatives and individual clinicians. With no national policy currently in existence, there are wide variations in practice at regional level, with some AVFC implementation groups becoming moribund.

Some specific concerns that arise include:

- Individuals are often not involved in their own care and treatment planning, there is no coherent national policy in relation to their attendance at team meetings and case conferences.

- Similarly, whilst some services are resourcing consumer panels, in some localities they have been allowed fall into disuse or funding resources have not materialised or have actually been withdrawn.
- Senior management team structures vary considerably and even where service user input is valued, this is often delivered via a service user/family member representative rather than the actual service user.
- The proposed management structure for the expanded catchment areas established in 2009 under the newly appointed ECDs has no plan for service user, family member, carer or multidisciplinary involvement other than via a possible advisory role. Similarly, some services promote service user involvement through the holding of focus groups, in effect, a consultative exercise. It should be noted that neither advisory involvement nor consultation equate to active participation in the planning, monitoring, delivery and evaluation of services and is, therefore, a downgrading of the service user role as defined in AVFC.
- Despite the establishment of the NSUE in 2007, there is no evidence that it is being fully utilised as a forum for full participation of service users and their family members in the planning, monitoring, delivery and evaluation of mental healthcare services.

On a more positive note, it is acknowledged that the Assistant National Director for Mental Health sees the inclusion of service users and family members as essential in all the initiatives under his remit. This is a welcome development but it remains to be seen if the operational system will embrace this notion with the same degree of enthusiasm.

Recovery Ethos

The IMG is concerned that the core elements of AVFC did not progress adequately in 2009. Specifically there appears to be an absence of determination, leadership and understanding to ensure that the recovery ethos underpins all aspects of mental healthcare services. This was a recurring theme in the meetings between the IMG and the HSE and the vast majority of the groups and organisations that met with the IMG. Recovery competencies do not appear to be part of a national strategic priority for the HSE.

At a systemic level across the mental health sector it is unclear what progress, if any, was made to deliver the significant transformation for recovery-oriented services as mandated in AVFC.

The IMG acknowledges that some localised recovery initiatives were developed by both the statutory, voluntary and independent sectors but appear to be uncoordinated. Good practice is not being systematically captured or reported and opportunities to share learning are being lost. There is little or no evidence of in-service training or reconfiguration of services on the basis of the recovery paradigm. In meetings with the HSE and the various organisations, the IMG was repeatedly struck by the virtual absence of a focus on the implementation of recovery practice and principles in mental health services. Additionally the concept of person centeredness in the planning and delivery of services seemed to have a low profile.

It is of concern that so little progress has been made in embedding the Recovery ethos, the cornerstone of AVFC, in the national mental health services over the past four years. The IMG is left to conclude that this ethos presents challenges either at the fundamental level of understanding and/or at the immediate level of implementation. This may again reflect the disconnect between strategic thinking and operational action. This situation needs to be acknowledged, prioritised and addressed as a matter of urgency by the senior management of the HSE if the vision of a recovery oriented Irish mental health services is to be realised.

Information Systems

The IMG welcomes the developments made on the introduction of electronic reporting systems within the HSE. The IMG also welcomes the introduction of the WISDOM data management system albeit on a pilot basis in one area of the country. However, the Group is concerned at the slow rate of progress in developing the system nationally. It is important that service users are empowered to have control and access to their own electronic records.

Relationship between the statutory services and the independent not-for-profit sector

Relationships between the HSE and the independent mental health service providers are ill-defined and based on ad hoc case by case arrangements. While the HSE does, of necessity, engage with the independent sector from time to time, the IMG is unaware of any formal recognition and agreement between the groups around the implementation of AVFC strategy. This sector is a large provider of mental health professional training and is acknowledged as providing services to a significant proportion of those requiring mental health treatments. The IMG is of the view that a strategically defined and proactive relationship between the HSE and the independent mental health service providers would support progress in the implementation of AVFC.

Closure of old institutional hospitals

The closure of the old psychiatric institutions and the reallocation of existing resources is essential to develop the mental heath services in line with AVFC. While the IMG understands that there is general commitment to the closure of the older institutions, the IMG is not aware of any specific, detailed, targeted and costed plans in relation to any of the institutions regarded as being outmoded. The IMG is disappointed that little or no progress was made in 2009.

2009 Implementation Plan

The IMG is aware that 2009 was the first year in which the HSE had an implementation plan with key deliverables for the implementation of some of the recommendations of AVFC. The IMG is disappointed that overall there has been little or no progress in the completion of the HSE's implementation targets for 2009, with the exception of the development of interim adolescent residential beds in St.

Vincent's Hospital, Fairview, Dublin – 6 beds and in St Stephen's Hospital, Cork – 8 beds. Two twenty bed units are also under construction - Galway and Cork which will replace the existing child and adolescent beds in Cork and Galway. The IMG welcomes the provision of these additional interim inpatient beds and the development of national policies and procedures to cease the admission of children and adolescents to adult wards on a phased basis by 1 December 2011.

Information on CMHTs and on the number of fully staffed teams was not received by the IMG despite a request for specific information. It is clear from the HSE reporting that the HSE embargo which operated through 2009 has had the effect of preventing the development of fully staffed community mental health teams.

Regarding the governance of community mental health teams there appears to be no progress in the development of clinical leadership and team coordination as recommended in AVFC .

The HSE, while developing an Implementation Plan, has not followed through in the implementation. In the submissions and presentations received by the IMG there was significant criticism on the quality of the 2009 HSE Implementation Plan. The criticisms cite lack of clarity around specific objectives, timelines for achievement and costings for the actions. The IMG is of the view that overall the poor quality of the implementation plan, the absence of additional resources or the reallocation of existing resources, and the absence of determined leadership were factors which prevented the implementation of the vast majority of recommendations in the 2009 HSE Implementation Plan.

Implementation

The HSE progress report indicated that AVFC *"must be implemented across a longer time-frame"*. This is not acceptable to the IMG. AVFC must be implemented over the 7 - 10 year timeframe set out in AVFC, which is Government policy.

It is clear from the presentations and submissions received by the IMG, that there is a significant weakness in the ability of the HSE to implement AVFC policy. Previous reports of the IMG stressed their concern about implementation. In 2009, the MHC produced an analysis of the implementation of AVFC entitled '*From Vision to Action'*. In this document, the Commission clearly outlined the factors, which mitigated against successful implementation and set out clearly recommendations for implementation into the future. The IMG urges the HSE to consider carefully the issues set out by the MHC and the evidence presented.

Specialist mental health services

Mental Health in Primary Care

Ten recommendations on mental health in primary care are for the HSE to implement and of these three were reported at national level, two of which were partially implemented.

Child and Adolescent Mental Health Services

The IMG recognises that the significant development in CAMHS in 2009 with the launch of the first annual report on CAMHS. This report provides comprehensive data on activity in the CAMHS as well as providing important information on the numbers of young people presenting with mental health issues and how the nature of their condition changes with age.

In addition, in June 2009, the MHC in consultation with HSE issued an Addendum to the code of practice relating to the admission of children under the Mental Health Act 2001 which provides that:

> a) No child under 16 years is to be admitted to an adult unit in an approved centre from 1st July 2009;
>
> b) No child under 17 years is to be admitted to an adult unit in an approved centre from 1st December 2010; and
>
> c) No child under 18 years is to be admitted to an adult unit in an approved centre from 1st December 2011.

If, in exceptional circumstances, the admission of a child to an adult unit in an approved centre occurs, the approved centre is obliged to submit a detailed report to the MHC outlining why the admission has taken place.

The Jigsaw project is also continuing to develop with projects now established in Galway and Ballymun and a further project due to commence in 2010 in Co. Meath.

Rehabilitation and Recovery Mental Health Services

The report received by the IMG from the HSE indicates that none of the eight recommendations in the area of rehabilitation and recovery services that are for the HSE to implement have commenced on a national basis.

Mental Health Services for Older People

It appears from the report received by the IMG from the HSE that there has been little or no progress in the restructuring of mental health services for older people as envisaged in AVFC. Reference was made to the online dementia resource for GPs but the IMG notes that this is a pilot project in Counties Dublin and Kerry.

Mental Health Services for People with Intellectual Disabilities

The IMG notes once again the lack of progress in this area. No evidence was provided to suggest that any progress had been made on the implementation of any of the recommendations of AVFC in relation to the mental health needs of people with intellectual disabilities. Considering the vulnerability of this group, this is of concern. The IMG believes that advances could be made within existing resources and using a multi-agency approach. The IMG strongly recommends that the HSE address the implementation of the recommendations in AVFC for people with intellectual disabilities using a multi agency approach involving all stakeholders including relevant advocacy groups.

National Forensic Services

The IMG notes that the HSE is currently developing a proposal and a business case for the development of a new CMH. This proposal will also enable the decision on the location to be finalised.

Mental Health Services for Homeless People

Of the five recommendations in AVFC for developing mental health services for homeless people that are for the HSE to implement, three are reported on at national level and only one has been partially implemented.

Mental Health Services for Persons with Co-morbid Severe Mental Illness and Substance Abuse Problems

No progress was reported at national level in 2009 in the development of services for people with co-morbid severe mental illness.

Mental Health Services for people with Eating Disorders

There was no progress reported in 2009 in the development of a National Eating Disorder Service. The focus of the HSE reporting has been on the historical development of the Carlow/Kilkenny Community Integrated Eating Disorder Programme and no progress is reported for this Programme during 2009. The HSE reporting further outlines information on the Co-operation and Working Together (CAWT) cross-border initiative, Eating Disorders Network Programme. However, the IMG is disappointed to note that this project will only support eating disorder services in the CAWT counties i.e. Cavan, Monaghan, Louth, Donegal, Sligo, Leitrim.

Liaison Mental Health Services

No progress was reported at national level in 2009 in the development of liaison mental health services.

Neuropsychiatry

No progress was reported at national level in 2009 in the development of neuropsychiatry services.

Suicide Prevention

The HSE report on Suicide Prevention did not report any new activities in 2009 beyond those reported in the last report of the IMG.

People with borderline personality disorder

No progress was reported at national level in 2009 in the development of services for people with borderline personality disorder.

4.1.2 Conclusions – Government Departments

In relation to progress reported from Government Departments, each Department provided a report on its own area, but no overarching report for Government Departments was available. Many of the programmes reported are generic and not specific to mental health, however it must be acknowledged that some specific mental health issues do arise which warrant a tailored response – e.g. people experiencing mental health difficulties may also experience enormous degrees of fear, self-doubt, great difficulties in social contexts, greatly lowered self confidence etc**.** Activities, programmes and responses need to honour and reflect the particular needs of mental health service users.

Department of Health and Children

The IMG welcomes the establishment of the Office for Disability and Mental Health and sees it as a significant step forward. The IMG would like to see the remit of this Office extended to include the Departments of Environment, Heritage and Local Government, Social Protection and Community, Equality and Gaeltacht Affairs.

Formal cross-departmental protocols are also in place under the National Disability Strategy to provide for co-operation between the Departments of Enterprise and Innovation, Health and Children and Social Protection and also between Departments of Social Protection, Health and Children and Environment, Heritage and Local Government in relation to the Strategy which also covers mental health as a social inclusion issue.

The National Disability Strategy therefore already covers mental health issues with regard to housing, employment etc. i.e. in many places the obligations in the Strategy stem from the same objectives as AVFC commitments for Departments.

The formal cross-Departmental structures in place under the National Disability Strategy provide an exemplary structure which could be utilised to ensure a more pro-active approach to the full implementation of the recommendations in AVFC which are the responsibility of Government Departments.

Development funding of €51.2 million was allocated to the HSE in 2006 and 2007 with €2.8 million provided for additional therapy posts in 2009. The IMG is concerned about the continuing reduction of spend on mental health as a percentage of the overall health budget.

The Government moratorium as well as the HSE moratorium (in place since 2007) has, in our view, had a major impact on service delivery in 2009.

Department of Education and Science

While there are reports on activity, there is no evidence that the programmes have been evaluated.

The IMG notes that students with mental health difficulties who were approved funding in 2009 through the ESF–aided Fund for Students with Disabilities comprised less than 3% of the total figure. Given that the prevalence of mental health difficulties

in the general population far exceeds 3%, and is even higher within the age profile of people attending education, the Department should identify the reason for the low rate of participation by students with mental health difficulties.

Department of Enterprise, Trade and Employment

Training Programmes do not relate specifically to people with a mental health difficulty and are for people who are seeking employment. Many individuals experiencing mental health difficulties are not ready to return to work and require programmes which help them to reach the point where they are ready to join, or rejoin, the workplace.

Department of Justice, Equality and Law Reform

The Courts Liaison Service, an Award winning service, needs to be put in place nationally**.**

The Department of Justice, Equality and Law Reform does not currently engage with service users. This means that it does not have the benefit of service user involvement in its planning.

In relation to recommendation 15.1.8, staff training needs to be continuous. The Gardaí have a key role in the involuntary admission of patients and ongoing training is essential.

Department of Environment, Heritage and Local Government

The IMG welcomes the Department's Housing Strategy and recognise that service users were consulted. It provides a model for application in other areas to ensure specific needs of those with mental health difficulties are understood and addressed in policy service developments.

Department of Community, Rural and Gaeltacht Affairs

The Department's programmes in respect of community and rural development do not specifically relate to mental health.

Department of Social and Family Affairs

The IMG welcomes the initiatives on advocacy funded by the Department and is supportive of these continued activities.

The IMG is aware that approximately one third of persons in receipt of long term illness or disability related payments have a mental health condition. The work of the Department through its jobs facilitators in encouraging people to reengage in the world of work needs to pay specific attention to the issues for this group.

4.2 Recommendations

In light of the above conclusions the IMG make the following recommendations.

4.2.1 Recommendations - Health Service Executive

- A national system should be in place to ensure that best practice in mental health service delivery is recognised and disseminated.
- The management structures within the HSE need to be clarified and finalised in the immediate future with effective and comprehensive communication of the final structures to all stakeholders.
- The role of the Assistant National Director for Mental Health should be extended and resourced to fulfil the requirements of the National Mental Health Service Directorate.
- Implementation plans which are detailed, time-lined and costed must be developed and published as a matter of urgency.
- Implementation plans for the closure of old psychiatric hospitals and the reduction in the number of acute beds must be implemented in tandem with the development of fully developed CMHTs and services.
- Quarterly reports on progress on the implementation of AVFC should be provided to the HSE Board and made public.
- The HSE must ensure that the mental health services are not adversely affected in a disproportionate way in the current economic climate.
- The parameters within which the mental health services operate must be clearly defined in relation to budget and staff ceiling. The HSE must adopt a strategic and constructive approach to the implementation of AVFC.
- The HSE must address the discrepancy between the expenditure figures on mental health services reported in the annual Revised Estimates for the Public Services and by the HSE.
- A national strategy should be put in place to ensure that the involvement of service users and their families are an integral part of the mental health services at every level.
- The HSE should maximise the potential of the NSUE.
- A co-ordinated recovery strategy involving all relevant stakeholders and led by the HSE should be developed and implemented. The HSE should undertake to identify all examples of best practice and ensure they are disseminated widely.
- Recovery should be part of all training programmes and recovery competencies should form part of all job descriptions for all staff working in mental health services.

- The introduction of the WISDOM electronic reporting system is an important component of driving the full implementation of AVFC and should be progressed as a priority.
- A strategically defined and proactive relationship between the HSE and the independent mental health service providers should be developed to implement AVFC.
- The IMG urges the HSE to consider carefully the issues and the evidence presented around implementation set out by the MHC in the report *From Vision to Action*.
- AVFC must be implemented over the 7 - 10-year timeframe set out in the Strategy and adopted by Government.
- An annual report of adult mental health services and specialist mental health services, similar to that reported in 2009 for child and adolescent mental health services, should be undertaken and published.
- Using a multi agency approach involving all stakeholders including relevant advocacy groups, the HSE should address the implementation of the recommendations of AVFC for people with intellectual disabilities.
- Given the particularly slow rate of implementation for the specialist mental health services there is an urgent need to prioritise these groups in the short to medium-term.

4.2.2 Recommendations - Government Departments

- The remit of the Office for Disability and Mental Health should be extended to include the Departments of Environment, Heritage and Local Government, Social Protection and Community, Equality and Gaeltacht Affairs.
- One overarching report detailing the progress made on the implementation of AVFC by all Government Departments should be provided
- A more structured process of evaluation of the implementation of AVFC should be developed which encourages cross-departmental and HSE / Government Deparment communication and collaboration and ensures the full participation of voluntary and independent service providers and professional organisations.
- Significant memoranda to Government should be mental health proofed to ensure that the proposals do not adversely affect people with mental health difficulties.
- People with mental health difficulties should be included in mainstream services by ensuring those services are developed to understand their needs and provide the right supports. Departments should indicate how they have taken account of those needs in developing initiatives and any specific actions they have taken to promote participation by those with mental health difficulties in programmes and services and the outcomes achieved.
- The Department of Education and Skills should identify why it is that students with mental health difficulties who were approved funding in 2009 through the ESF–aided Fund for Students with Disabilities comprised less than 3% of the total figure, given that the prevalence of mental health difficulties in the general population far exceeds 3%.
- The Courts Liaison Service should be put in place nationally as a priority.
- The training in the principles of forensic mental health should be continuous for all staff, including the Gardaí.

Appendix 1

Schedule of Groups /Organisations that made submission to

Independent Monitoring Group

Name of Organisation

Amnesty International
Assoc of Occupational Therapists of Ireland
The College of Psychiatry of Ireland
Disability Federation of Ireland
Eating Disorder Service – St Vincent's Hospital
Health Research Board
Inclusion Ireland - *National Assoc for People with an intellectual disability*
Independent Mental Health Services Providers Group
Irish Association of Consultants in Psychiatry of Old Age
Irish College of General Practitioners
Irish Hospital Consultants Association
Irish Medical Organisation
Irish Mental Health Coalition
Mental Health Commission
Mental Health Nurse Managers Ireland
National Council for Professional Development of Nursing and Midwifery
National Disability Authority
National Rehabilitation Hospital – Neurobehaviour Clinic
National Service Users Executive
Neurological Alliance of Ireland